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Journal of the Italian Society of Anatomic Pathology
and Diagnostic Cytopathology,
Italian Division of the International Academy of Pathology

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Divisione Italiana della International Academy of Pathology

PACINI
EDITORE
MEDICINA

Updated information for Authors including editorial standards for the preparation of manuscripts

Pathologica is intended to provide a medium for the communication of results and ideas in the field of morphological research on human diseases in general and on human pathology in particular.

The journal welcomes contributions concerned with experimental morphology, ultrastructural research, immunocytochemical analysis, and molecular biology. Reports of work in other fields relevant to the understanding of human pathology may be submitted as well all papers on the application of new methods and techniques in pathology. The official language of the journal is Italian. Articles from foreign authors will be published in English.

Authors are invited to submit manuscripts according to the instructions outlined below:

by mail addressed to:

Pathologica – pathologica@pacinieditore.it

The manuscript must have the following enclosures:

1) The manuscript must be submitted by e-mail to the address: pathologica@pacinieditore.it

The files containing the article, illustrations and tables must be sent in attachment and the statements of the Authors indicated at the previous points 2 and 3 must also be enclosed or sent by air mail.

2) A separate covering letter, signed by every Author, must state that the material submitted has not been previously published, and is not under consideration (in whole or in part) elsewhere, and that it is conform with the regulations currently in force regarding research ethics. The Authors are solely responsible for the statements made in their paper, and must state that they have obtained the informed consent of patients for their participation in the experiments and for the reproduction of photographs. For studies performed on laboratory animals, the authors must state that the relevant national laws or institutional guidelines have been adhered to. Only papers that have been prepared in strict conformity with the editorial norms outlined herein will be considered for publication. Their eventual acceptance is conditional upon a critical assessment by experts in the field, the implementation of any changes requested, and the final decision of the Editor-in-Chief.

3) Conflict of Interests. in the letter accompanying the article, Authors must declare if they got funds, or other forms of personal or institutional financing – or even if they are under contract – from Companies whose products are mentioned in the article. This declaration will be treated by the Editor-in-Chief as confidential, and will not be sent to the referees. Accepted works will be published accompanied by a suitable declaration, stating the source and nature of the financing.

Editorial standards for the preparation of manuscripts:

Pathologica will accept for publication only manuscript in English.

The article, in English, should be written in Microsoft Word™ preferably, saving files in .RTF, .DOC or .DOCX format. Any other programme can be used, including open source programmes: please always save files in .RTF, .DOC or .DOCX format.

Do not use, under any circumstances, graphical layout programmes such as Publisher™, Pacemaker™, Quark X-press™, Adobe Indesign™. Do not format the text in any way (avoid styles, borders, shading ...); use only character styles such as italics, bold, underlined.

Do not send the text in PDF.

Text and individual tables must be stored in separate files.

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- (1) a title (in English);
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On the first page of the manuscript should appear:

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The second page should contain the abstract. At the end of the text should appear the bibliography, the legends to the tables and figures, and specification (where applicable) of the congress at which all or part of the data in the paper may have already been presented.

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Send pictures in separate files from text and tables.

- Software and format: preferably send images in .TIFF or .JPEG format, resolution at least 300 dpi (100 x 150 mm). Will not be accepted for publication manuscript with images of bad quality.

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Acknowledgements and information on grants or any other forms of financial support must be cited at the end of the references.

Notes to the text, indicated by an asterisk or similar symbol, should be shown at the bottom of the page.

Mathematical terms, formulae, abbreviations, units and measures should conform to the standards set out in Science 1954;120:1078.

Drugs should be referred to by their chemical name; the commercial name should be used only when absolutely unavoidable (capitalizing the first letter of the product name and giving the name of the pharmaceutical firm manufacturing the drug, town and country).

The editorial office accepts only papers that have been prepared in strict conformity with the general and specific editorial norms for each survey. The acceptance of the papers is subject to a critical revision by experts in the field, to the implementation of any changes requested, and to the final decision of the Editor in Chief.

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Authors may order reprints, at the moment they return the corrected proofs by filling in the reprint order form enclosed with the proofs.

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CONTENTS

Building blocks of the GIPU, Italian Group of Ultrastructural Pathology

V. Papa, R. Costa, G. Cenacchi

The Italian Group of Ultrastructural Pathology, GIPU, is a scientific organization committed to promote the art and science of Electron Microscopy (EM) in the pathology field in Italy, sharing its professional work with a public audience.

The history of the GIPU goes back to 1990s when a founder group set up the Italian Group of Ultrastructural Diagnostic (GIDU) in Milan. The central focus of annual meetings was on EM, transmission and scanning one, about interesting cases in which it was instrumental in diagnosis. In the 1990s, ultrastructure was still the gold standard for cell/tissue morphology, biology, biochemistry, diagnostic pathology, and played an important role in tailored medicine. So, especially transmission EM, could play a critical role in the diagnosis of various diseases as in human as in animals. Best topics of the annual scientific meetings of the group were kidney, muscle, heart, and liver pathology, infertility, neuropathology, respiratory diseases, skin diseases, storage diseases, tumor pathology, infectious diseases, parasitology, veterinary pathology and more. Nowadays, EM is a method whose importance for diagnosis and pathology is well established: it is still essential in several pathologies, helpful in others, and welcome implemented in eclectic research pathology. Omission of EM likely makes the studies sub-optimal and wasteful.

So, from 2007 the name of the group has been changed to the Italian Group of Ultrastructural Pathology (GIPU) to favor broader applications of EM also to pathology research field. During last decades, GIDU/GIPU has interconnected with international (Society for Ultrastructural Pathology) and european (European Society of Pathology and Joint Meeting with the European Electron Microscopy Working Group) scientific society, according its statute.

By 1991, GIPU has had 40 members: membership in this Group is still open and welcome to all pathologists, PhD, electron microscopy technologists, pathology trainees, and researchers interested in pathology and electron microscopy.

REVIEWS

Programmed death 1 (PD-1) and its ligand (PD-L1) as a new frontier in cancer immunotherapy and challenges for the Pathologist: state of the art

M. Callea, F. Pedica, C. Doglioni

The interest in better understanding the immune-microenvironment and tumor cells crosstalk, recently leads to focus on immune checkpoints role, notably on PD-1/PD-L1 axis.

The current backdrop concerning cancer immunotherapy is constantly evolving and new biomarkers still need to be granted in this dynamic context.

This review tries to get lights on PD-L1 complex scenario mainly focusing on troubling issues in assessing this marker in daily practice.

It's still necessary to look deeper into this matter in order to make easier the pathologists-oncologist interaction.

Endobronchial-ultrasound needle aspiration and endoscopic ultrasound- fine-needle aspiration in thoracic diseases

*S. Colella, P.F. Clementsen, C. Gurioli, C.H. Gurioli, C. Ravaglia,
S. Tomassetti, A. Rossi, S. Piciocchi, A. Dubini, V. Poletti*

EBUS-TBNA and EUS-FNA are minimally invasive techniques rapidly gaining ground in the non-surgical invasive diagnostic approach to thoracic diseases due to their high accuracy and low morbidity and mortality compared to surgical techniques. Moreover, in the diagnosis and staging of lung cancer the combination of the two techniques is superior to either test alone. In this review we focus on the role of EBUS-TBNA and EUS-FNA in both malignant and non-malignant thoracic diseases.

ORIGINAL ARTICLE

Pathological assessment of epilepsy surgery brain tissue

G. Marucci, M. Giulioni

Surgical resection represents a successful strategy to achieve seizure control in patients with drug resistant epilepsy. In the last years increasing importance has been recognized to pathological substrate for epilepsy classifications and for predicting seizure and neuropsychological outcome after surgery. The current histopathological classifications of epilepsy-associated abnormalities certainly represent an amazing effort to overcome the limits of the previous classifications and constitute a formidable tool in the management of patients after epilepsy surgery. However the correct application of the recent ILAE classification systems begins with a proper epilepsy surgery technique, able to provide "en bloc" and "spatially oriented" surgical specimens and continues with the use of an appropriate pathological workup and reproducible stains. This methodological approach permits to relate the surgical outcome to the specific pathological findings, the site of the lesion, and the surgical strategy. These data are essential to an adequate preoperative patient and family counselling. Furthermore in this paper, besides the workup and the classification systems, we evidence some aspects which may be challenging and sometime misleading in clinical practice. In conclusion, a pathology based approach to epilepsy surgery is essential and might improve the interpretation of the outcomes and the comprehension of the causes of failures.

CASE REPORT

Diagnostic role of detecting HPV in a FNAC of metastatic laterocervical lymph node in a case of occult HPV-related head and neck squamous cell carcinoma

*A. Ginori, F. Scaramuzzino, M.A.G. Munezero Butorano,
A. Barone, A. Disanto*

Human papillomavirus (HPV)-related head and neck squamous cell carcinomas (HNSCC) are radiosensitive tumors and have a better prognosis than the conventional keratinizing HNSCC. Despite extensive radiographic and clinical evaluation in approximately 3% to 5% of patients who present with cervical lymph node metastases, the primary tumor remains occult. The lack of a clinically identifiable primary tumor usually leads to more aggressive therapy, which can result in higher morbidity. Herein, we report a case of a patient with an occult HPV-related HNSCC, diagnosed detecting HPV in a fine needle aspiration cytology (FNAC) of metastatic laterocervical lymph nodes.

